MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09289

09299 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown X
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown X
STREET ADDRESS (If rural, give location) Market & Calvert

3. NAME OF DECEASED: (First) Harry (Middle) Hou sekeeper (Last) Barnes

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Whit e

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 21, 1884

9. AGE last birthday: 6 9 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Mail Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Rail Way

11. BIRTHPLACE (State or foreign country): M ary land

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Perry K. Barnes

14. MOTHER'S MAIDEN NAME: Isabella Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Pau lineL. Barnes, Charlestown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
332K	Immediate cause	(a) Left cerebral thrombosis with right hemiplegia	6 days
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arteriosclerosis	3 yrs.
		DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Adenocarcinoma of Prostate Gland — 10 months

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 Oct., 1954, to 13 Oct., 1954, that I last saw the deceased alive on 12 Oct., 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Klaus H. Hamburger M.D. ADDRESS North E. St. DATE SIGNED 13 Oct '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-16-1954

NAME OF CEMETERY OR CREMATORY Charlestown

LOCATION (City, town, or county) (State) Charlestown, Md.

DATE REC'D BY LOCAL REG. 10/14/1954

REGISTRAR'S SIGNATURE Ida Haughey

24. FUNERAL DIRECTOR Lee A. Patterson & Son. ADDRESS Perryville, Md.

RECEIVED
OCT 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09290

09300 **CERTIFICATE OF DEATH** Reg. Dist. No. 94

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East X
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VALIN (Middle) G (Last) BEST

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 1-28-1891

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: COAST GUARD

11. BIRTHPLACE (State or foreign country): BUXTON North Carolina

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I WW II

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Mabel Bush North East Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Recurrent - Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease — 3yrs

(C) DUE TO —

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. — —

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) — M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May, 1951, to 14 Oct, 1954, that I last saw the deceased alive on 13 Oct, 1954, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

SIGNATURE Klaus H. Fischer M. D. ADDRESS No. 44 E. Main, Md DATE SIGNED 15 Oct '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-18-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR Oct 18-1954

REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR Joseph R Foust ADDRESS North East Md

RECEIVED
OCT 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09291

09289 # CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15

1. PLACE OF DEATH:

COUNTY: CECIL — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): ELKTON 21

LENGTH OF STAY (in this place): 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSP 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md — COUNTY: CECIL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST X

STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) M (Last) BROWN

4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 4-25-1888

9. AGE last birthday: 66 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM T. REYNOLDS

14. MOTHER'S MAIDEN NAME: ALFONSA HOWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Charles Brown North East Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause: 442.X — (a) Portal Cirrhosis of Liver — 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Hypertensive Cardiovascular Renal Disease — 2 yrs. +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Allergic Bronchial Asthma — 5 yrs. +

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 15 Sept, 1954, to 9 Oct, 1954, that I last saw the deceased alive on 8 Oct, 1954, and that death occurred at 6:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Hans H. Hueber M.D. — ADDRESS: No. 4 E. 1st Rd — DATE SIGNED: 10 Oct '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 10-11-1954 — **NAME OF CEMETERY OR CREMATORY:** Principio — **LOCATION** (City, town, or county) (State): Principio Furnace Cecil Md

DATE REC'D BY LOCAL REGISTRAR: Oct 11 — **REGISTRAR'S SIGNATURE:** H R Frazer

24. FUNERAL DIRECTOR: Joseph P Frank — **ADDRESS:** North East, Cecil Co Md

RECEIVED
OCT 13 1914
BUREAU V. S.

09301

09292 Reg. Dist. 94

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (In this city)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 125 S. Rogers Street

3. NAME OF DECEASED: (Type or Print) (First) HORACE (Middle) LARKIN (Last) CHAMBERS
4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	White	Married	7-12-1897	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Self employed	Pennsylvania	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Chambers	Irma Larkin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No WWII	200-10-6410	LaRue Jacobs Aberdeen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
322.2 Immediate cause	(a) Acute Coronary Occlusion	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Alcoholism	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. L. Woodrow M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/29/54	Unionville Cemetery	Unionville Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 28-54	Hilda C. Berry Sarah E. Rothermel asst.	John E. Barring	Aberdeen Md.

VS. A15A - 5 - 53

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NOV 1 1954

BUREAU V. S.

09302

09293 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 91

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Chesapeake City
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) LEE (Middle) HAMILTON (Last) CLAWSON

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married | 8. DATE OF BIRTH: 6-26-1921 | 9. AGE last birthday: 33 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Mail Carrier | 10b. KIND OF BUSINESS OR INDUSTRY: U.S. Postal | 11. BIRTHPLACE (State or foreign country): Perry Arkansas | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: James H. Clawson | 14. MOTHER'S MAIDEN NAME: No information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes | (If Yes, give war or dates of service) WW 2. | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mabel Clawson, Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Inhalation Carbon Monoxide gas. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, office, street, office bldg., etc., INJURY) Garage, | 21c. (City or town) Chesapeake City (County) Cecil (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 23 (Year) 54 (Hour) 14 M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ | 21f. HOW DID INJURY OCCUR? Hose attached to Car exhaust

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE R. E. Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-26-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Oct 27/54 | NAME OF CEMETERY OR CREMATORY Grace Town | LOCATION (City, town, or county) Delmar, Del (State)

DATE REC'D BY LOCAL REG. Oct. 26 1954 | REGISTRAR'S SIGNATURE Mrs Ralph H. Reed | 24. FUNERAL DIRECTOR Pippin Funeral Home | ADDRESS Elkton Md.

By Clarence Pippin

VS. A15A - 5 - 53

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OCT 27 1954
BUREAU V. S.

09290

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09294 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Cecil MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton

LENGTH OF STAY (in this place) 12 hours

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Cecil

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rising Sun, Rural

STREET ADDRESS (If rural, give location) Calvert

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Thomas	Clayton	10	15	19 54

5. SEX:	6. COLOR OR RACE:	7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (STRIKE OUT)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W		12-9-1900	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Private	Calvert, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John M. Clayton	May Ramsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Everett England, Rising Sun Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pneumonia 10 days ago.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. LeWoodren M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-16-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 19 1954	Friends Burying Ground	Calvert Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 19	F.R. Frazer	J. Earl Tyson	Rising Sun Md.

09293 09295

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 405 Park Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 405 Park Place.

3. NAME OF DECEASED: (Type or Print) (First) ERMA (Middle) RONEY (Last) DAVIS

4. DATE OF DEATH (Month) 10 (Day) 24 (Year) 1954

5. SEX: F. **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married **8. DATE OF BIRTH:** June 23, 1907 **9. AGE last birthday:** 47 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife **10b. KIND OF BUSINESS OR INDUSTRY:** Housekeeping **11. BIRTHPLACE** (State or foreign country): North East Md. **12. CITIZEN OF WHAT COUNTRY:** U.S.A.

13. FATHER'S NAME: William Roney. **14. MOTHER'S MAIDEN NAME:** Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** None. **17. INFORMANT & ADDRESS:** Mrs. J. Miller Davis Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Strangulation by Hanging

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Mental disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc.) OF INJURY Home. **21c.** (City or town) Elkton (County) Cecil (State) Md

21d. TIME OF INJURY (Month) 10 (Day) 24-52 (Year) (Hour) 1870 M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?** Hung herself in attic

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R LeDodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** Oct 28/54 **NAME OF CEMETERY OR CREMATORY** Elkton, **LOCATION** (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. Oct 28 REGISTRAR'S SIGNATURE H H Brazier

24. FUNERAL DIRECTOR Fippin Funeral Home ADDRESS Elkton, Md.
By C. Kenny Fippin

VS. A15A - 5 - 53

09303 09296

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frenchtown; LENGTH OF STAY (in this place) Life-time; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frenchtown; STREET ADDRESS (If rural, give location) R F D, Perryville

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Nelson	Donahoo	Oct.	5th.	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	W.	Single	July 1st. 1897	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Business	grocery	Frenchtown, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Nelson Donahoo	Gertrude Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	no	Lottie Donahoo, Frenchtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic Carcinomatosis	6 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Sigmoid Colon	?
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from April 19, 1954, to Oct. 5th, 1954, that I last saw the deceased alive on Oct. 4th, 1954, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edward E. Coe, M.D.	4 N. Union Ave. Havre de Grace, Md.	10/7/54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-8-1954	St Mark's	Perryville, Md. Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10/7/54	Irene E. Dougherty	Vera A. Patterson & Son Perryville, Md.

VS. A15

RECEIVED
OCT 11
BUREAU V. S.

09292 09297

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 9X

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 1 yr 15 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Nottingham Rural
STREET ADDRESS (If rural, give location) Nottingham Pa

3. NAME OF DECEASED: (First) JANETTE (Middle) DARLENE (Last) EDWARDS
4. DATE OF DEATH (Month) 10 (Day) 17 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	White	Single	10-24-1952	1 yrs.	11	27		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nottingham Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett Edwards
14. MOTHER'S MAIDEN NAME: Dora Dickson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Everett Edwards Nottingham Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Laceration of brain tissue DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) scalp and ear left side DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Nottingham (County) Chester (State) Pa
21d. TIME OF INJURY (Month) 10 (Day) 17 (Year) 54 (Hour) 8 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Hit by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. E. Dodson M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 20 1954	Fremont Cem	Nottingham Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 20	H. Frazer	Tippin Funeral Home	Elkton Md

By W. Henry Tippin

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09298

MARYLAND STATE DEPARTMENT OF HEALTH

09304

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X-ELKTON
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
STREET ADDRESS (If rural, give location) ELKTON RFD #4

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) E. (Last) EVERETT
4. DATE OF DEATH: (Month) OCT. (Day) 7 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: SEPT. 21 1872
9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH T. BLACKISTON
14. MOTHER'S MAIDEN NAME: HENRIETTA EVERETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: MRS. CLARA STOOPS — ELKTON, Md. RFD #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 or 5 Immediate cause (a) Cerebral vascular accidant — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive cardiovascular disease. — 15 years
(c) Chronic congestive heart failure — 15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to Oct. 7, 1954, that I last saw the deceased alive on Oct. 7, 1954, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Howard G. Armstrong M.D. — Newark, Delaware — Oct 8, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: OCT. 10, 1954
NAME OF CEMETERY OR CREMATORY: CRUMPTON CEM.
LOCATION (City, town, or county) (State): CRUMPTON MD.

DATE REC'D BY LOCAL REG.: Oct 8
REGISTRAR'S SIGNATURE: A F Jaquess
24. FUNERAL DIRECTOR — ADDRESS: R. J. Jones Rhodesdale

RECEIVED
OCT 11 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09299

09305

CERTIFICATE OF DEATH

Reg. Dist. No. 97

1. PLACE OF DEATH:
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge
MARYLAND
LENGTH OF STAY (in this place) 11 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE OREGON
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEWBORN PORTLAND
STREET ADDRESS (If rural give location) 13320 Southeast Div. St.

3. NAME OF DECEASED: (Type or Print) (First) JUANITA (Middle) SUE (Last) FETZER

4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10-20-54

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 11 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: "J" "P" FETZER

14. MOTHER'S MAIDEN NAME: MARILYN VIRGINIA NELSON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) --- (If Yes, give war or dates of service) ---

16 SOCIAL SECURITY No.: -----

17. INFORMANT & ADDRESS: Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth Neonatal Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .....

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20, 1954, to 10-21, 1954, that I last saw the deceased alive on 10-21, 1954, and that death occurred at 0320, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert F. Neal ROBERT F. NEAL LT MC USNR U. S. NAVAL HOSPITAL, BAINBRIDGE, MD. 10-22-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-21-54

NAME OF CEMETERY OR CREMATORY West Nottingham Cemetery

LOCATION (City, town, or county) (State) Colora Maryland

DATE REC'D BY LOCAL REGISTRAR 10-21-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Wm. A. Patterson & Son Perryville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09306 09300

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Port Deposit R.F.D. 3 LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Griffin (Last)

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Unknown | 9. AGE last birthday: about 80 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Day | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William Griffin | 14. MOTHER'S MAIDEN NAME: Leudie Dunmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: Charles Griffin, Port Deposit Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocarditis — Interval Between Onset And Death: 8 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Endocarditis - Arteriosclerosis

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1954, to Oct 23, 1954, that I last saw the deceased alive on Oct. 23 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. J. Benson M.D. | ADDRESS Port Deposit Md. | DATE SIGNED Oct. 27-1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10-28-1954 | NAME OF CEMETERY OR CREMATORY Jones Memorial | LOCATION (City, town, or county) Port Deposit Md Rural | (State)

DATE REC'D BY LOCAL REGISTRAR Oct 28, 1954 | REGISTRAR'S SIGNATURE Adam Daugherty acty Reg. | 24. FUNERAL DIRECTOR Ewa Catherwood & Son | ADDRESS Perryville, Md

VS. A15

09301

09307

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Bayhead Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton — STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	HENRY	HARRISON	10	3	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Widowed	Sept. 27, 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farm Labor	Farm.	Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	None	Mrs. Mary Matthews - Earleville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-25-64 19..... to 10-3, 19..64 that I last saw the deceased alive on 10-1, 1964 and that death occurred at 10:55 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Woodrow	MD	Nursing Home Md.	10-3-64

23. BURIAL, CREMATION REMOVAL? (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 5-1954	Cecilton Cem.	Cecilton Cecil Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 7-1954	L M Worthington	Edward Fellows	Millington Md

VS. A15

RECEIVED
OCT 8
BUREAU V. S

09293

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09302

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) GEORGE (Middle) (Last) HENCKEL
4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1954
5. SEX: M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married 8. DATE OF BIRTH: 12-27-1924 9. AGE last birthday: 29 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Lineman 10b. KIND OF BUSINESS OR INDUSTRY: Conowingo Power Co 11. BIRTHPLACE (State or foreign country): Westbrook Maine 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ora Henckel 14. MOTHER'S MAIDEN NAME: no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW II 16. SOCIAL SECURITY NO.: 006-10-5065 17. INFORMANT & ADDRESS: Betty Henckel, Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Electrocution
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Line on Farm 21c. (City or town) Rising Sun RD (County) Cecil (State) Ind.
21d. TIME OF INJURY (Month) 10 (Day) 16 (Year) 54 (Hour) 12 A.M. 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ 21f. HOW DID INJURY OCCUR? Came in Contact with Live Wire

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.
SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Oct. 21, 1954 | NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery | LOCATION (City, town, or county) Cherry Hill (State) Md.
DATE REC'D BY LOCAL REG. Oct 19 | REGISTRAR'S SIGNATURE H R Trager | 24. FUNERAL DIRECTOR Dappin Funeral Home ADDRESS Elkton, Md. Wm G. Lusby.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09308

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09303 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural

LENGTH OF STAY (in this place) all life

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Cecil

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Conowingo, Rural

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Percy	Tilson	Henderson	10	15	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	Col.	Married	7-25-1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	All kinds of work	Conowingo. Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Amos Henderson	Blanch Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes W.W.1		Bessie Henderson, Conowingo, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio Vascular Renal Disease.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Ralph Dodson M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 19 1954	Mt Joan Cem.	Conowingo Cecil Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 18-54	L Washington	J. E. Tyson	Darlington Md.

09309 09304

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 91

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Del. COUNTY New Castle
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location) Cox & Green St.

3. NAME OF DECEASED: (Type or Print) (First) RAY (Middle) E. (Last) HOAGLAND
4. DATE OF DEATH (Month) 10 (Day) 4 (Year) 1954
5. SEX: M. 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write word): Married 8. DATE OF BIRTH: Feb 25 1905 9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Welder 10b. KIND OF BUSINESS OR INDUSTRY: Green Giant Co 11. BIRTHPLACE (State or foreign country): Cedar Rapids, Mich 12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME: George Hoagland 14. MOTHER'S MAIDEN NAME: Edna Mc Elliera.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: Gean R. Hoagland Modesto, Cal

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
Immediate cause (a) Drowned.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Chesapeake Canal 21c. (City or town) N. Summit Bulg (County) Newcastle (State) Del.
21d. TIME OF INJURY (Month) 10 (Day) 4 (Year) 54 (Hour) 5:30 P.M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☒ 21f. HOW DID INJURY OCCUR? Jumped into Canal.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.
SIGNATURE R. L. Dodaen M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial DATE THEREOF Oct 8/54 NAME OF CEMETERY OR CREMATORY Seattle, Washington LOCATION (City, town, or county) (State) Seattle Wash.
DATE REC'D BY LOCAL REG. Oct 8 REGISTRAR'S SIGNATURE Mrs Edith A Reed 24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Middletown Del
Oct 9/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

09310 MARYLAND STATE DEPARTMENT OF HEALTH 09305

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton | LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Earleville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton
STREET ADDRESS (If rural give location) Earleville Rd.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Beck (Last) Long
4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 3, 1874
9. AGE last birthday: 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Labor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Luke Long
14. MOTHER'S MAIDEN NAME: Martha Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT: Mrs. Minnie Reed Cecilton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage due to	2 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic carcinoma arising from	6 mos.
	(c) Squamous cell Carcinoma of Neck	40-50 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to oct, 1954, that I last saw the deceased alive on oct 17, 1954, and that death occurred at 8 00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace O Levenstein, M.D. Cecilton, md oct 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 20 1954
NAME OF CEMETERY OR CREMATORY Cailton Cem.
LOCATION (City, town, or county) (State) Cecilton Md

DATE REC'D BY LOCAL REG. Oct 20 54
REGISTRAR'S SIGNATURE Thos Ford DuShane
24. FUNERAL DIRECTOR ADDRESS Edward Pilloar Millington Md.

VS. A15

BUREAU V. S.

09311

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09305

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD. 1 Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Plum Point

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Chester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN West Grove.
STREET ADDRESS (If rural, give location) Eaton Road.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) FRANKLIN (Last) MACE

4. DATE OF DEATH (Month) 10 (Day) 10 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-27-1896

9. AGE last birthday: 58 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer.

10b. KIND OF BUSINESS OR INDUSTRY: Truck Bus.

11. BIRTHPLACE (State or foreign country): Sylmar Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James H. Mace.

14. MOTHER'S MAIDEN NAME: Ella R. Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 183-10-3309

17. INFORMANT & ADDRESS: George Mace, West Grove Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Acute Coronary, — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Myocarditis — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, office bldg., etc.) OF INJURY: Ext. Porch

21c. (City or town) (County) Cecil (State) Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell out of bed.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. C. Dodson M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-10-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Oct 13, 1954

NAME OF CEMETERY OR CREMATORY Brookview

LOCATION (City, town, or county) Rising Sun (State) Md

DATE REC'D BY LOCAL REG. Oct 11

REGISTRAR'S SIGNATURE F. R. Frazer

24. FUNERAL DIRECTOR Poppin Funeral Home

ADDRESS Elkton, Md

D. D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09312

CERTIFICATE OF DEATH

Reg. Dist. No. 96 09307

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-54

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point; LENGTH OF STAY (in this place) 2 mo. 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace; STREET ADDRESS (If rural give location) 200 Elizabeth

3. NAME OF DECEASED (Type or Print): (First) BENJAMIN (Middle) C. (Last) MC CLUNE

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3-20-1896

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Delta, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin T. McClune

14. MOTHER'S MAIDEN NAME: Minerva ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Pneumonia, bronchial, bilateral	10 to 12 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Carcinomatosis, generalized	unknown
	DUE TO (C) Carcinoma of large bowel	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-18, 1954, to 10-19, 1954, that I last saw the deceased and that death occurred at 4:35 PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 10-20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal; DATE THEREOF 10-20-54; NAME OF CEMETERY OR CREMATORY Memorial Garden; LOCATION (City, town, or county) (State) Belair, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 20, 1954; REGISTRAR'S SIGNATURE Ida Langhorty Actg Reg.

24. FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09308

09313

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown — LENGTH OF STAY (in this place) 6 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Preston	E	Miller	Oct	25	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	June 21 1888	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter foreman	Penn-R.R.	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph B Miller	Mary Frances Poe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		716-01-7343	Mrs Preston Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
446 Immediate cause	(a) Uremia	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Nephrosclerosis	1 yr.
	DUE TO (c) Generalized Arteriosclerosis	1 yr.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Left cerebral thrombosis & right Hemiplegia; Diabetes Mellitus	1 yr.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
—			M.			—

22. I hereby certify that I attended the deceased from Oct, 1953, to 25 Oct, 1954, that I last saw the deceased alive on 25 Oct, 1954, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wm H Hunter M.D. No. 46 E. 4th Rd 26 Oct '54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	10/29/54	North East Methodist Cem.	North East	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-30-54	Sarah E. Rothermel	Joseph R. Grant	North East Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09309

09314

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charkstown
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Charlestown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E (Last) Norman

4. DATE OF DEATH: (Month) Oct (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 29 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter Retired

10b. KIND OF BUSINESS OR INDUSTRY: Penn. R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Norman

14. MOTHER'S MAIDEN NAME: Jane Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 717-07-5271

17. INFORMANT & ADDRESS: Mrs Charles Norman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
420.0 Immediate cause	(a) Arteriosclerotic Heart Disease	3 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	8 yrs
	DUE TO (c) —	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?** —

22. I hereby certify that I attended the deceased from 27 Oct., 1954, to 28 Oct., 1954, that I last saw the deceased alive on 28 Oct, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Hans H. Fischer (Degree or title) A.D. ADDRESS North East Md DATE SIGNED 28 Oct '54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 10/31/54 — **NAME OF CEMETERY OR CREMATORY** Charlestown Meth. Cem — **LOCATION** (City, town, or county) Charlestown (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-30-54 — **REGISTRAR'S SIGNATURE** Sarah E. Rothermel

24. FUNERAL DIRECTOR Joseph P. Grimm ADDRESS North East Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09294 09310

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Elkton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Senior Elkton Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Elkton R.D 3

3. NAME OF DECEASED: (First) Horace (Middle) Howard (Last) Patchell
4. DATE OF DEATH: (Month) 10 (Day) 9 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Feb 6 1908
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10B. KIND OF BUSINESS OR INDUSTRY: Chrysler Land Dev
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Howard T. Patchell
14. MOTHER'S MAIDEN NAME: Elizabeth Krauss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Marian Patchell Elkton R.D 3

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Gastric Hemorrhage	3 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (B) Gastric Ulcer	unknown
	DUE TO (C) Previous Hemorrhage	3 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Chirrhosis of Liver	unknown

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/6, 1954, to 10/9, 1954 that I last saw the deceased alive on 10/9, 1954, and that death occurred at 6:50 P M, from the causes and on the date stated above.
SIGNATURE George Knerr Jr M. D. ADDRESS Elkton Md DATE SIGNED 10/9/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct 15
NAME OF CEMETERY OR CREMATORY Senior
LOCATION (City, town, or county) (State) Cecil Co Md

DATE REC'D BY LOCAL REGISTRAR Oct 12
REGISTRAR'S SIGNATURE H. Fraser
24. FUNERAL DIRECTOR R. V. Jones ADDRESS Newark Del

OCT 13

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09311

Item 18 Film G175 12-29-54 ATS 09315

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 2 mo. 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 695 W. Mulberry

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (NMI) (Last) PURNELL

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-27-10

9. AGE last birthday 43 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Construction work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Purnell - Deceased

14. MOTHER'S MAIDEN NAME: Laura Clark - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE — (A) 1. Adenocarcinoma of the stomach with generalized metastases — Interval between onset and death: Unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (A) 2. Tuberculosis, pulmonary, far advanced, with cavitation left apex — Unknown

DUE TO (B) 3. Pneumonia, bronchial, bilateral, secondary to #1 — Unknown

(C) 4. Ulcer, gastric — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 7

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1954, to 10-27, 1954, ~~that I last saw the deceased~~ ~~on the~~ and that death occurred at 7:25PM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 10-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 10-29-54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 10/29/54
REGISTRAR'S SIGNATURE Irene E. Daughtry

24. FUNERAL DIRECTOR ADDRESS CHARLES R. LAW, 802 Madison Ave., Balto. Md.

VS. A15—10-5.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09312

0235

CERTIFICATE OF DEATH

Reg. Dist. No. 92

Item 7, F18mC172 10-25-54 et

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton; LENGTH OF STAY (in this place) 2 WEEKS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Earlsville; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) BAXTON

4. DATE OF DEATH: (Month) 10 (Day) 11 (Year) 1954.

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 7.30.1881 | 9. AGE last birthday 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10B. KIND OF BUSINESS OR INDUSTRY: Electrician | 11. BIRTHPLACE (State or foreign country): Cecil Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: H.L. Baxton | 14. MOTHER'S MAIDEN NAME: Anna May Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 214-01-0813 | 17. INFORMANT & ADDRESS: —

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) C V A. — INTERVAL BETWEEN ONSET AND DEATH: 2 months.

ANTECEDENT CAUSE (B) DUE TO Severe arteriosclerosis — 15 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic nephritis, hypertension — ?

19A. DATE OF OPERATION: —0 | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9.23, 19.54 to 10.11, 19.54 that I last saw the deceased alive on 10.11, 19.54, and that death occurred at 2.30 P M, from the causes and on the date stated above.

SIGNATURE Peter Shanesky M. D. ADDRESS Elkton, Md. DATE SIGNED 10.11.54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10-14-54 | NAME OF CEMETERY OR CREMATORY Cherry Hill Methodist | LOCATION (City, town, or county) (State) CHERRY HILL CECIL Co Add: ELKTON RD Md

DATE REC'D BY LOCAL REGISTRAR Oct 14 | REGISTRAR'S SIGNATURE FR Frazer | 24. FUNERAL DIRECTOR Joseph A Grant North East | ADDRESS Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

OCT 13 1954
UREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09316 (09313)

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry ville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elm St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville
STREET ADDRESS (If rural give location): Elm St.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) Jackson (Last) Sentman

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): arried

8. DATE OF BIRTH: 4-1- 1869

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: En gin eer

10b. KIND OF BUSINESS OR INDUSTRY: R.R.Locomotive

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Eli S. Sentman

14. MOTHER'S MAIDEN NAME: Sophia Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Irene Sentman, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary Oedema	1 Day -
Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Coronary Thrombosis	1 Day -
	DUE TO (c)	Myocarditis & arteriosclerosis	10 years -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 5, 1954, to Oct 15, 1954, that I last saw the deceased alive on Oct 15, 1954, and that death occurred at 3 AM, from the causes and on the date stated above.

SIGNATURE: Wm Wolbert (Degree or title) M.D. — ADDRESS: Hawdesface Md — DATE SIGNED: Oct 16 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-17 -1954 — NAME OF CEMETERY OR CREMATORY: Hopewell — LOCATION (City, town, or county) (State): Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR: Oct 16, 1954 — REGISTRAR'S SIGNATURE: Lydia M Daugherty acty. Regr.

24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS: Perryville, Md.

OCT
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09296 09314

CERTIFICATE OF DEATH

Reg. Dist. No. 9

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Walter (Middle) H (Last) Stewart

4. DATE OF DEATH. (Month) 10 (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 17. 1879

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): North East Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thos. B Stewart

14. MOTHER'S MAIDEN NAME: Elizabeth A Cowden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Harold Stewart North East Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bilateral Pulmonary Tuberculosis

ANTECEDENT CAUSE (B) DUE TO —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO —

INTERVAL BETWEEN ONSET AND DEATH: 1 yr. +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Sept, 1954, to 7 Oct, 1954, that I last saw the deceased alive on 6 Oct, 1954, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE Klaus H. Kuhner M.D. M. D. ADDRESS North East, Md DATE SIGNED 8 Oct '54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-10-54

NAME OF CEMETERY OR CREMATORY Methodist

LOCATION (City, town, or county) (State) North East Cecil Co. Md

DATE REC'D BY LOCAL REGISTRAR Oct 9

REGISTRAR'S SIGNATURE H H Frazier

24. FUNERAL DIRECTOR ADDRESS Joseph R Grant North East Md

RECEIVED
OCT 13 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09315

09317

CERTIFICATE OF DEATH

Item 12, Film G171 10-11-54 et

Reg. Dist. No. 9E

1. PLACE OF DEATH:
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
LENGTH OF STAY (in this place): 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit, Rural
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Agnes (Middle) Mics (Last) Varady
4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1954
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2-24-1883
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hungary
12. CITIZEN OF WHAT COUNTRY? Hungary
13. FATHER'S NAME: Mike Mics
14. MOTHER'S MAIDEN NAME: Frances Hari
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Steven Varady, Port Deposit, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) 4.S.C.I. Chronic Myocarditis, Coronary
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)
Interval Between Onset And Death: 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to Sept 30, 1954, that I last saw the deceased alive on Sept 30 1954, and that death occurred at 3.30 P.M. from the causes and on the date stated above.
SIGNATURE: O. J. Benson (Degree or title): M. D. ADDRESS: Port Deposit, Md. DATE SIGNED: 10/2/54.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 5, 1954.
NAME OF CEMETERY OR CREMATORY: Morris Cemetery
LOCATION (City, town, or county) (State): Phoenixville, Chester Co. Pa.
DATE REC'D BY LOCAL REGISTRAR: Oct 2, 1954
REGISTRAR'S SIGNATURE: Ida M. Daugherty act Reg.
24. FUNERAL DIRECTOR: Wm. A. Patterson & Son
ADDRESS: Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 5 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09316

09318 CERTIFICATE OF DEATH Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 949 - 25th Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) FRAZIER (Middle) NMI (Last) WATSON

4. DATE OF DEATH: (Month) October (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH 8-28-98

9. AGE last birthday 56 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Watson

14. MOTHER'S MAIDEN NAME: Sara Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 579-14-9377

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hepatoma with metastasis to the — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S) DUE TO regional lymph nodes

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Emaciation generalized, secondary to #1 — unknown

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1954 to 10-15, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 7:25a M, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D. ADDRESS VAH, Perry Point, Md. DATE SIGNED 10-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal — DATE THEREOF 10-18-54 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Oct 21, 1954 — REGISTRAR'S SIGNATURE Edna M Daugherty Asst Reg.

24. FUNERAL DIRECTOR PENNINGTON & SON — ADDRESS de Grace, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09317

09319 **CERTIFICATE OF DEATH** Reg. Dist. No. 96

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 6mo. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) Aberdeen Industrial Trailer Court

3. NAME OF DECEASED: (Type or Print) (First) FRED (Middle) S. (Last) WAUGH

4. DATE OF DEATH: (Month) October (Day) 4 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1-12-94 | 9. AGE last birthday 60 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter | 10B. KIND OF BUSINESS OR INDUSTRY: Unknown | 11. BIRTHPLACE (State or foreign country): W. Somerville, Mass. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William L. Waugh - Deceased

14. MOTHER'S MAIDEN NAME: Christine Stewart - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumonia, bronchial, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 7 to 10 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Emphysema, bilateral, severe — unknown

DUE TO

(C) Arteriosclerosis, generalized, severe — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26 ..., 1954, to 10-4 ..., 1954, and that death occurred at 9:30 AM, from the causes and on the date stated above.

SIGNATURE W. OPPLER, Chief, Professional Services M.D | ADDRESS VAH, Perry Point, Md. | DATE SIGNED 10-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF 10-4-54 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10/7/54 | REGISTRAR'S SIGNATURE Ida M. Daugherty

24. FUNERAL DIRECTOR PENNINGTON & SON | ADDRESS Havre de Grace, Md.

RECEIVED
OCT 11
BUREAU V. S.

09297 69318

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 97

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 21 | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ind. COUNTY Cecil
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN X Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) L. (Last) WEED
4. DATE OF DEATH (Month) 10 (Day) 12. (Year) 1954
5. SEX M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 8-8-1921 | 9. AGE last birthday: 33 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Elkton Ind. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Floyd Weed | 14. MOTHER'S MAIDEN NAME: Cathryn Snyder.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) yes WWII | 16. SOCIAL SECURITY NO.: 217-18-6298 | 17. INFORMANT & ADDRESS: Raymond Weed Elkton Ind

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed Left side of chest
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fractured Left tibia & fibula
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office, store, etc.) INJURY Route 40 & 213 | 21c. (City or town) Elkton (County) Cecil (State) Md.
21d. TIME OF INJURY (Month) 10 (Day) 8 (Year) 54 (Hour) 1920 P. M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? Truck turned over on him

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R L Dodson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-14-54

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial | DATE THEREOF Oct 15 | NAME OF CEMETERY OR CREMATORY New Catholic | LOCATION (City, town, or county) Elkton, (State) Md

DATE REC'D BY LOCAL REG. Oct 15 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Pippin Funeral Home ADDRESS Elkton Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

RECEIVED
OCT 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

69319

09298 **CERTIFICATE OF DEATH** Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Cecil MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton 21; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville X; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VERNON (Middle) CHARLES (Last) WHELAN

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb. 10 - 1907 | 9. AGE last birthday: 47 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming | 10B. KIND OF BUSINESS OR INDUSTRY: Own Farm | 11. BIRTHPLACE (State or foreign country): Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jessie Whelan | 14. MOTHER'S MAIDEN NAME: Mary Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 163-09-6258 | 17. INFORMANT & ADDRESS: Mrs. Mary E. Whelan - Earleville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

IMMEDIATE CAUSE (A) Carcinoma of Lung Cancer — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DUE TO (B) Bilateral Pneumonia

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 Sept 1954 | 19B. MAJOR FINDINGS OF OPERATION: Ca of Lung of Pancreas & Bilateral Pneumonia | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 27, 1954, to Oct 27, 1954, that I last saw the deceased alive on Oct 27, 1954, and that death occurred at 7:50 A.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Chesapeake City Md DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct-30-1954 | NAME OF CEMETERY OR CREMATORY Helena Cem. | LOCATION (City, town, or county) (State) Helena, Kent Co. Md

DATE REC'D BY LOCAL REGISTRAR Nov 3 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR ADDRESS Edward Fellows, Millington, Md.

VS. A15—10-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5
BUREAU V. S.